

02/24/06

RCET

Application (New Application 10/016,676

Attorney Docket No.: 09634/000L267-US0/

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	Fee Transmittal (1 page)						
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PTO/SB/17 (01-06)

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Fees pursuant to	the Consultation Appropri	ations Act, 2005 (H.R. 4818).	Complete if Known							
FFF	ETRANS			10/016,676-Conf. #2525						
				December 10, 2001						
	For FY 20			'uji Igata						
		Examiner Name F.		. Hamza	-					
Applican	nt claims small entity statu	Art Unit 2155								
TOTAL AMOU	NT OF PAYMENT	(\$) 1,810.00	Attorney Docket No. 09634/000L267-US0							
METHOD OF	PAYMENT (check a	ıll that apply)								
X Check Credit Card Money Order None Other (please identify):										
Deposit Ac	count Deposit Account N	umber: 04-0100 Deposit Acc	count Name:	Da	arby & Darby	P.C.				
For the	above-identified depos	sit account, the Director is	s hereby authorize	d to: (check	all that apply)					
	harge fee(s) indicated	below	Charge	e fee(s) indi	cated below, ex	cept for th	e filing fee			
x c	harge any additional fe	e(s) or underpayment of	x Credit	any overpay	vments					
	e(s) under 37 CFR 1.			, ,						
		es below are due upo	n filing or may	be subjec	t to a surcha	irge.)				
1. BASIC FILIN 	IG, SEARCH, AND EX		ARCH FEES	EVAMINI	ATION FEES					
	FIL	Small Entity	Small Entity	EXAMINA	Small Entity					
Application T	ype <u>Fee (\$)</u>			Fee (\$)	Fee (\$)	Fees P	aid (\$)			
Utility	300	150 500	250	200	100					
Design	200	100 100	50	130	65					
Plant	200	100 300	150	160	80					
Reissue	300	150 500	250	600	300					
Provisional	200	100 0	0	0	0					
	2. EXCESS CLAIM FEES Small Entity									
Fee Description		,				Fee (\$)	Fee (\$)			
l	r 20 (including Reissu	•				50	25			
Multiple depende	ent claim over 3 (inclu	uing Reissues)				200	100			
		5 (A) 51	D-14 (6)	84		360	180			
Total Claims	Extra Claims	Fee (\$) Fee I	Paid (\$)		Multiple Dependent Claims Fee (\$) Fee Paid (\$)					
HP = highest num	- = x ner of total claims paid for, if	greater than 20.		ree	<u>(4)</u> <u>r</u>	ee Paid (\$)	Į.			
Indep. Claims	Extra Claims		Paid (\$)				-			
macp. Glanno	. = X	=								
HP = highest num	ner of independent claims pa	aid for, if greater than 3.								
3. APPLICATIO	N SIZE FEE						_			
If the specifica	ation and drawings exc	ceed 100 sheets of paper	(excluding electro	onically file	d sequence or	computer				
		ne application size fee du		or small ent	ity) for each ac	lditional 50				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheet		<u> </u>	dditional 50 or frac		<u>Fee (\$)</u>	ree P	<u>'aid (\$)</u>			
4 OTHER FEE	- 100 =		(round up to a who	ie number) x		·				
4. OTHER FEE(• •	fee (no small entity disc	ount)			<u>rees r</u>	Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00										
1801 Request for continued examination (RCE) (see 37 790.00										
SUBMITTED BY	1 1	1//								
Signature	Wash	0/0	Registration No. (Attorney/Agent)	47,698	Telephone	(212) 527	·-7700			
Name (Print/Type)	Richard J. Katz	- 	(Automey/Agent)	<u> </u>	 	ebruary 2	**			
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